

PURPOSE

To assure consistency across hospitals regarding the use of crisis intervention training and techniques.

DEFINITIONS**Core Training Program**

A crisis prevention program and curriculum selected by the Bureau of Hospitals and Administrative Operations that is centered upon the prevention of risk behaviors via verbal, non-violent and non-confrontational methods taught in a blended learning environment. Hospitals must not deviate from the training techniques routinely instructed within the core training program.

Crisis Safety Incident

An unanticipated disturbance in response to a real or perceived threat that has overwhelmed a patient's normal coping skills resulting in violent behavior, the threat thereof, or a demonstration of violent behavior to a degree that presents an imminent danger to the patient, staff, or others, necessitating a hospital staff response utilizing core training program techniques to maintain or reestablish safety and communication. A crisis safety incident does not necessarily require the employment of physical management techniques.

Debrief

A discussion of incident specifics following the employment of one or multiple physical management techniques. This discussion must include involved hospital staff, discussion of the pre-incident circumstances, the physical management technique(s) employed and the incident's outcome.

Formal training

In-person instruction conducted by facilitators certified by the core training program which incorporates a traditional classroom model, physical intervention demonstrations and exercises, post-training testing and certification.

Hospital

An inpatient program operated by the department for the treatment of individuals with serious mental or serious emotional disturbance.

Informal training

A non-traditional classroom model that may include, but is not limited to online training modules, non-classroom demonstrations, or discussion or review of pertinent topics, provided by the core training program.

Incident Report

A written record of a crisis safety incident(s) involving the employment of a physical management technique applied consistent with the core training program's curriculum. A summary of an incident must be maintained in the patient's clinical or electronic medical record. Hospital administration and the Office of Recipient Rights (ORR) must be notified of any completed incident reports. The report must detail:

- The behaviors of the patient leading up to the crisis safety incident.
- A list of key individuals involved.
- The location of the crisis safety incident.
- All verbal and non-physical de-escalation intervention strategies attempted.
- All physical intervention techniques attempted and an explanation as to why such techniques were necessary.
- How therapeutic rapport with the patient was reestablished.
- Whether injuries to the staff or the patient was a result of the employment of a physical management technique or in response thereto.

Level One Staff

Hospital staff, with the exception of physicians, who are directly involved in daily patient care and therapy activities (such as direct care staff and nurse managers).

Level Two Staff

Hospital staff who are not directly involved in daily patient care and therapy activities but who are assigned duties that may bring them into contact with patients (such as housekeeping or dietary staff).

For purposes of this policy physicians are considered level two staff.

Level Three Staff

Hospital staff who are unlikely to be in consistent contact with a patient (such as non-clinical administrative staff or hospital administration).

Physical Management

Techniques used by hospital staff when verbal methods have failed as an emergency intervention to restrict the movement of a patient by direct physical contact to prevent the patient from harming himself, herself or others. Physical management only includes supportive holds and physical restraint techniques consistent with the selected core training program to manage violent behavior.

Staff Training Levels

Specified training levels established that correspond to an employee classification system which is based on the amount of direct patient interaction an employee has.

Therapeutic Rapport

A strategy used to reestablish communication with a patient while reducing the patient's emotional and physical energy.

Verbal and Non-physical De-escalation Intervention

Techniques that focus on verbal de-escalation of potentially violent situations by using methods such as active listening, setting limits, support techniques and problem solving that are deployed when early signs of impending dangerous behavior are exhibited.

Violent Behavior

Behavior that jeopardizes the immediate physical safety of the patient, staff or others.

POLICY

Hospitals are committed to maintaining the highest standards of safety in a setting that promotes an inclusive safety culture. Patients, staff and visitors have a right to a safe environment that preserves an individual's dignity, respect and emotional

understanding. A core training program is utilized as the basis for an integrated training policy that combines both verbal and non-physical de-escalation intervention with physical management techniques when a patient is either threatening violent behavior or exhibiting physical aggression

OVERVIEW

Hospital physical management training focuses on strategies for safely defusing anxious, hostile or violent behavior at the earliest possible stage. The training offers verbal and physical intervention skills to reduce the occurrence of violent behavior and the risk of injury. Intervention techniques will meet regulatory standards while maintaining dignity, respect and decreasing emotional injury to all people to the greatest extent possible.

Hospital staff must attempt verbal and non-physical interventions prior to attempting physical management. Physical management must be utilized as a last resort and only after non-physical interventions have proven insufficient to ensure safety.

Required Training

The minimum level of required training is based on the training level of the hospital staff. In specific instances (such as in situations when staff have physical limitations or if day-to-day patient management is not a necessary duty) hospital administration may, on a case-by-case basis and if documented in the employee's personnel file, waive staff training level requirements.

Level One Staff

Level one staff must complete the highest level of formal physical management training as identified by the Bureau of Hospitals and Administrative Operations prior to starting work on the hospital patient units. This level must incorporate:

- Verbal and non-physical de-escalation intervention techniques.
- Physical intervention techniques, including any advanced physical intervention/holding techniques offered by the training program.

Level one staff must also verify successful completion of the required course(s) by any required testing and certification obtainment from the selected core training program.

- Complete a refresher training course every six months. This refresher training may not include any required re-certification since initial certification may extend for an interval beyond six months.
- Complete recertification at intervals mandated by the selected training core program.

Level Two Staff

Level two staff must do all the following:

- Complete physical management training emphasizing verbal intervention and de-escalation techniques, and personal protection techniques training prior to starting work on the hospital patient units. Level two staff are not required to receive training related to advanced physical intervention/holding techniques.
- Verify successful completion of the required course by any required testing and certification obtainment from the selected core training program.
- Complete a refresher training course every six months.
- Complete recertification at intervals mandated by the selected training core program.

Level Three Staff

Complete an informal training module per the selected core training program annually. New hire level three employees must complete crisis intervention training within the first eight weeks of employment.

Hospital administration may, at their discretion, mandate staff to participate in additional crisis intervention trainings beyond the employee's identified staff training level.

Informal training opportunities should be made available to all staff training levels throughout the year to staff consistent with the selected training program's offerings.

Hospital Protocol

Hospital administration shall establish written standard operating procedures detailing:

- How incident reports are documented, and how hospital administration and ORR are to be notified of finalized incident reports.
- The content included within the individual hospital's refresher training courses to level one and level two staff. This includes, but may not be limited to, the physical management techniques reviewed, discussion on verbal and non-physical de-escalation intervention, and review of crisis safety incident scenarios.
- A mechanism to document successful completion of required crisis intervention training, whether it be formal, informal, or refresher, by staff.

Should it be required that a physician be present and necessary during a crisis safety incident then the physician must document the discussion and medical decision-making process including, but not limited to, any medications ordered and the result of necessary medical interventions. A summary of the decision-making process must be maintained in the patient's clinical or electronic medical record. Hospital administration shall receive a copy of the documented discussion and decision-making process.

REFERENCES

[Administrative Policy for Facilities 171, Use of Restraint and Seclusion.](#)

Michigan Mental Health Code [Secs. 100, 141, 143, 600, 740, 742, 746], Public Act 258 of 1974.

CONTACT

For more information concerning this policy contact the Bureau of Hospitals and Administrative Operations.